

STANDARD CERTIFICATE OF DEATH

State File No. 33224

8967

BIRTH NO. 1		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 1300	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2251				c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2251			
d. FULL NAME OF HOSPITAL OR INSTITUTION 16 N. 6				d. STREET ADDRESS 25 Dr. Travels Hotel			
3. NAME OF DECEASED (Type or Print)		a. (First) Robert		b. (Middle) J.		c. (Last) Mattingly	
4. DATE OF DEATH		a. (Month) 9		b. (Day) 3		c. (Year) 1953	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH 1880	
9. AGE (In years last birthday) 72		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		11. BIRTHPLACE (City and State of Foreign Country) Washington D.C.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Wick		13b. MOTHER'S MAIDEN NAME Wick		14. NAME OF HUSBAND OR WIFE Wick		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year for dates of service) Wick	
16. SOCIAL SECURITY NO. Wick		17. INFORMANT'S SIGNATURE OR NAME F. B. Vay Jr.		18. ADDRESS Wick		19. MEDICAL CERTIFICATION	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) CORONARY THROMBOSIS		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify)	
21a. TIME OF INJURY (Month) (Day) (Year) (Hour)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. HOW DID INJURY OCCUR? 4201	
22. I hereby certify that I attended the deceased from 1950 to 1953, that I last saw the deceased alive on 1953, and that death occurred at 11:20 p.m., from the causes and on the date stated above.		23a. SIGNATURE (Degree or title) <i>Wick</i>		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 9/24/53	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 9-30-53		24c. NAME OF CEMETERY OR CREMATORY Anatomical Board		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL SEP 26 1953 REG.		REGISTRAR'S SIGNATURE <i>Carl Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE Rowland Mortuary Service		ADDRESS 1101 Manchester Ave.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Students of Mortuary College

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

James A. Lammert

Licensed Embalmer No. *4142*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.